

**BOARD OF PSYCHOLOGY**

1422 HOWE AVENUE, SUITE 22  
SACRAMENTO, CA 95825-3200  
(916) 263-2699  
www.psychboard.ca.gov



## APPLICATION FOR LICENSURE AS A PSYCHOLOGIST

*(Please type or print clearly)*

**SECTION I. (Personal Data)**

\_\_\_\_\_  
Last First Middle Initial Jr., Sr., I, II

**ALIASES** – Please list all other names by which you have been known. (If more than two, use an additional sheet of paper.)

\_\_\_\_\_  
Last First Middle Initial Jr., Sr., I, II

\_\_\_\_\_  
Last First Middle Initial Jr., Sr., I, II

**RESIDENCE ADDRESS** – (This address will be used for all correspondence throughout the application process.)

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Social Security No.<sup>1</sup> / / Date of Birth Message/Day Phone Number Residence Phone Number

**This application is based upon:** (Check one response only)

- ☐ A doctorate degree in psychology, educational psychology, or in education with a field of specialization in counseling psychology or educational psychology from an acceptable accredited or approved educational institution
- ☐ A doctoral degree that has been granted by a foreign university, college, or professional school
- ☐ Possession of Certificate of Professional Qualification (CPQ)
- ☐ Possession of a credential as a Health Service Provider in Psychology by the National Register of Health Service Providers in Psychology (NRHSPP)

<sup>1</sup> Disclosure of your social security number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity that utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

## SECTION II. PROFESSIONAL DATA

☐

Yes

☐

No

Are you now registered, or have you ever applied to become registered as a psychological assistant in California? If yes, when? \_\_\_\_\_

☐

Yes

☐

No

Are you now registered, or have you ever applied to become a registered psychologist in California? If yes, when? \_\_\_\_\_

☐

Yes

☐

No

Prior to this application, have you ever submitted an application for licensure as a psychologist in California? If yes, when? \_\_\_\_\_

## SECTION III. EDUCATIONAL DATA

### MASTER'S DEGREE

Granting Institution \_\_\_\_\_

Dates Attended \_\_\_\_\_

Major Field of Degree \_\_\_\_\_

Degree Awarded \_\_\_\_\_ Date Awarded / Met Requirements \_\_\_\_\_

### DOCTORAL DEGREE

Granting Institution \_\_\_\_\_

Dates Attended \_\_\_\_\_

Major Field of Degree \_\_\_\_\_

Degree Awarded \_\_\_\_\_ Date Awarded / Met Requirements \_\_\_\_\_

## SECTION IV. EXAMINATION DATA

☐

Yes

☐

No

Have you ever taken the ASPPB Examination for Professional Practice in Psychology (EPPP)?  
*If yes, you must arrange to have your score reported to the board by the Association of State and Provincial Psychology Boards, P.O. Box 241245, Montgomery, AL 36124-1245.*

PLEASE NOTE: If your score is documented and the score you received meets or exceeds the California pass point for that particular administration of the EPPP, you will not be required to retake the EPPP.

#### SECTION IV. EXAMINATION DATA, *continued*

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Are you requesting a waiver of the EPPP? *If yes, indicate the basis for the waiver below.*  
(See *Instructions*, page 3)

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Previously licensed in California

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Licensure in another state, Canadian Province, or U.S. Territory for at least five years.

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Certificate of Professional Qualification (CPQ)

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Credentialed as a Health Service Provider in Psychology by the National Register of Health Service Providers in Psychology (NRHSPP)

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Abandoned a previous application for licensure as a psychologist pursuant to Section 1381.5 of the California Code of Regulations

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Pursuant to Section 1798.61 of the Civil Code, an applicant's name and address are available to anyone for the purpose of providing those persons with informational materials relating to available professional educational materials and courses. Pursuant to the Information Practices Act of 1977, you can choose to have your name and address withheld from the list. *Do you wish to have your name and address withheld?*

#### SECTION V. SUPERVISED PROFESSIONAL EXPERIENCE

List below the names of every **primary** supervisor who you are asking to verify a portion of the required 3,000 hours of supervised professional experience:

_____	_____
_____	_____
_____	_____

If the date you started your post-doctoral supervised professional experience is prior to the ceremonial awarding of your doctoral degree, indicate below how you will document that you met all requirements prior to the date the doctoral degree was actually awarded.

☐

The date is posted on my doctoral transcript.

☐

A separate document confirming the date will be sent by the registrar, director of training, or dean of the academic institution.

## SECTION VI. FITNESS FOR PRACTICE

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently affected by any physical or mental condition that in any way impairs or limits your ability to practice psychology with safety to the public? <i>If yes, explain on a separate sheet of paper.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you use any chemical substance(s) that in any way impairs your ability to practice psychology with safety to the public? <i>If yes, please explain on a separate sheet of paper.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently engaged in the illegal use of controlled dangerous substances, or were you so engaged recently enough so that the use of drugs may have an ongoing impact on your ability to function as a psychologist? <i>If yes, please explain on a separate sheet of paper.</i>

## SECTION VII. CONVICTION / LICENSE DISCIPLINARY ACTION

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Omitting minor traffic violations, have you ever been convicted of, or pled guilty or nolo contendere to any violation of any federal or state statute, city or county ordinance, or law of a foreign country? This includes All misdemeanor and felony convictions. (Any conviction that was subsequently dismissed pursuant to Penal Code section 1203.4 must also be disclosed.) <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been denied a license, registration, certificate or credential to practice psychology or any other profession or occupation in any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had a license, registration, certificate or credential to practice psychology or any other profession or occupation subjected to discipline by any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever voluntarily surrendered a license, registration, or credential to practice psychology or any other profession or occupation in any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been subject to review and/or action by the ethics committee of any professional organization in any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you required to register as a sex offender pursuant to Section 290 of the Penal Code? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you understand that you are required to report immediately to the California Board of Psychology if you are convicted of <b>ANY</b> offense that occurs between the date of this application and the date that a California psychologist license is issued and that you are also required to report to the California Board of Psychology any disciplinary action and/or voluntary surrender against <b>ANY</b> health-care related license that occurs between the date of this application and the date that a California psychologist license is issued?

## SECTION VIII. REQUIRED COURSEWORK AND TRAINING

### Part A. Human Sexuality Requirement

☐

Yes

☐

No

Have you satisfied the requirement for training in human sexuality as described in Section 25 of the Business and Professions Code and Section 1382 of Title 16 of the California Code of Regulations?

If yes, complete the information below. If no, this requirement must be satisfied and documented prior to Licensure.

Name of Institution/Provider: \_\_\_\_\_

Date(s) of Coursework: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Number of Course hours: \_\_\_\_\_

NOTE: The above must be documented by a transcript or Certificate that clearly indicates training meeting Board requirements.

### Part B. Child Abuse Assessment and Reporting

☐

Yes

☐

No

Have you satisfied the requirement for training in child abuse assessment and reporting as described in Section 28 of the Business and Professions Code and Section 1382.4 of Title 16 of the California Code of Regulations?

If yes, complete the information below. If no, this requirement must be satisfied and documented prior to Licensure.

Name of Institution/Provider: \_\_\_\_\_

Date(s) of Coursework: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Number of Course hours: \_\_\_\_\_

NOTE: The above must be documented by a transcript or Certificate that clearly indicates training meeting Board requirements.

### Part C. Detection and Treatment of Alcohol and Other Chemical Substance Dependency Requirement

☐

Yes

☐

No

☐

N/A

Have you satisfied the requirement for coursework in the detection and treatment of alcohol and other chemical substance dependency as described in Section 2914(e) of the Business and Professions Code and Section 1382.3 of Title 16 of the California Code of Regulations? (This requirement applies to applicants who began graduate training on or after September 1, 1985.)

If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.

Name of Institution/Provider: \_\_\_\_\_

Date(s) of Coursework: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Number of Course hours: \_\_\_\_\_

NOTE: The above must be documented by a transcript or Certificate that clearly indicates training meeting Board requirements.

### Part D. Spousal or Partner Abuse Assessment, Detection, and Intervention Training Requirements

☐

Yes

☐

No

☐

N/A

Have you satisfied the requirement for the spousal or partner abuse assessment, detection, and intervention training required by Section 2914(f) of the Business and Professions Code and Section 1382.5 of Title 16 of the California Code of Regulations?

(For applicants who began graduate training between January 1, 1995 and December 31, 2003, a minimum of two hours of coursework is required. For applicants who began graduate training on or after January 1, 2004, a minimum of 15 hours of coursework is required. For applicants who began graduate training prior to January 1, 1995, this coursework is not required.)

If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.

Name of Institution/Provider: \_\_\_\_\_

Date(s) of Coursework: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Number of Course hours: \_\_\_\_\_

NOTE: The above must be documented by a transcript or Certificate that clearly indicates training meeting Board requirements.

## Part E. Aging and Long-Term Care Training Requirements

☐

Yes

☐

No

☐

N/A

Have you satisfied the requirement for the aging and long-term care training required by Section 2915.5 of the Business and Professions Code? (This requirement applies to applicants who began graduate training on or after January 1, 2004.)

If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.

Name of Institution/Provider: \_\_\_\_\_

Date(s) of Coursework: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Number of Course hours: \_\_\_\_\_

NOTE: The above must be documented by a transcript or certificate that clearly indicates training meeting Board requirements.

## SECTION IX. STATEMENT OF APPLICANT

I, the undersigned, am the person making the foregoing application. I have read the foregoing application in its entirety and know the contents thereof. I hereby certify under penalty of perjury under the laws of the State of California, that any statements made herein or attached hereto are true in every respect. I understand that any misstatements or omissions of material fact may be cause for denial, suspension, or revocation of a license.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date